HTE#_	13-531093
	27438

Harnett County Department of Public Health

PERMIT # 2743	38	Operation Per	rmit		22847
		New Installation	Septic Tank	Nitrification Line	Repair Expansion
	\\ C	PROPERTY LOCATION:	: RATMOR	MILAMB	
Name: (owner) H	^ ^	SUBDIVISION		Warning to the state of the sta	LOT #
System Installer: Basement with plumbing	COT'S STOICKLAND Garage Number of Bedrooms	Registration #			
Type of Water Supply:		Distance from well _ 1 6 0	feet		
System Type:	TII'S		nd VI Systems expire in		
(In accordance with Tab	le V a)	Owner must contact Health Dep	artment 6 months prior	r to expiration for permit	renewal.
This system has been installed	in compliance with applicable North Carolina General Sta	atutes, Rules for Sewage Treatment and Dis-	posal, and all conditions of the	he Improvement Permit and Con	struction Authorization.
	89	100' HO) USE		2 9′
		epinor Mo	Ans Ro		
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule	10/1			
	As required by Rule .1961.	.1701.			
	As required by Rule .1961. Other:	W. \			
	Subsurface system operator required? Yes 🔲 I If yes, see attached sheet for additional opera		reporting.		
IV. Operation:		•			
V. Other:	No STERODHNS NEEDED				
	D-Box Pump	□ Alarm		H20Line □	PWR Line
Type of system: Co	cations for the sewage disposal system on the conventional Other EZFLO	above captioned property.	Septic Tank: 1000	gallons Pump Tan	k: gallons
	No. of exact leng	th tch <u>150</u> feet	width of ditches	depth of feet ditches	36-22 inches
French Drain Required		- 1001	ununts	icct uitules _	inches
Authorized State Age		NE K	Date	7/22/13	